Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH				NC	33	Р	GW
Local Address (w	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
371 OLD ZOAR R	ROAD	Connections			2			

Towns Served: MONROE			
Monitoring I	Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	0)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility: WELL (WSF ID: 21478)			
E. Coli (3014)		1 trigge	red (TG) per period
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	12/11/18 - 12/17/18		Complete
Water System Facility: WELL 2 (WSF ID: 61020)			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connectic	ut Departmer	nt of	Public	Health F)rin	kino	τ \ Λ/	ater	Spc	tion	
		ter Quality M					_				CIOII	
PWS ID	PWS Name	ter Quality M	OIIIU	oring a							r Tyne P	rimary Sou
		ANGELICAL FREE CHU	IRCH		Ci	N(33)	GW
Local Address (w		ANGLLICAL FILL CITO	incii	Service	Residentia		nmerci		ndustria		ombined	_
371 OLD ZOAR R				Connection		1 001	2	ai ii	iluustila		Jilibilieu	Agricultu
Towns Served: M												
Towns served. IV	TOWNOL	M	onito	ring Rec	quirement	·c						
Water System I	Facility: WFII	2 (WSF ID: 61020)	Office	ning itec	_f un emem	.3						
E. Coli (3014)	racincy: VVIII	2 (1101 15.01020)							1 t	riggel	red (TG) per perio
• •	oint (Sampling P	oint ID)			Monitoring	Perio	od C	ollect	ion Per			iance Statu
WELL 2 (2)	ome (company)	· · · · · · · · · · · · · · · · · · ·			12/11/18 - 1							
***************************************		Public	: Noti	ification	Requirem							
		1 00110	_	ompliance	Notice		ublic N	otific	ation		PN Cer	<u>tification</u>
Violation/Situat	ion			Period	Tier		quired	_	rformed	Due	to DPH	=
E. Coli M&R Viola			12/11/	/18 - 12/17/	18 3		2/2020		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3/2020	11000110
		Water System I	Facili	ty and Sa	ampling P	-		nto	rv			
Water		•		•	1 0			otal	Lead o	and		
System Wate	r System Facility	Sampling	Point	Sampling P	oint		Coli	iform	Сорр	er		Stag
Facility ID		ID		Description	1	Sta	tus R	lule	Rule 1	Tier A	sbestos	WQP 2 DE
00600 DISTR	IBUTION SYSTEM	1 4		DISTRIBUTI	ON SYSTEM	А		Υ				
		DOWNST	REAM	WITHIN 5 S	ERVICE CON	А						
		KSKMFL	.OOR	KITCHENET	TE MAIN FLR	А		Υ			Υ	
		KSTS	LL	KIT SNK TRE	P LWR LEV	А		Υ			Υ	
		RRLRLI	LEV	RR LADIES I	OWER LVL	А		Υ			Υ	
		RRLRI	MF	RR LADY RN	Л MAIN FLR	А		Υ			Υ	
		RRMRL	.LEV	RR MENS LO	OWER LEVEL	А		Υ			Υ	
		RRMR	MF	RR MENS R	M MAIN FLR	А	L	Υ			Υ	
		UPSTRE	AM	WITHIN 5 S	ERVICE CON	А						
00700 ENTR	Y POINT	3		ENTRY POIN	NT	А						
21478 WELL		2		WELL		Α	L					
61020 WELL	2	2		WELL 2		А	L					
			Cont	tact Info	rmation							
Name				ganization						J	ob Title	
Mr. Richard Flas	hman							Pa	stor			
Mailing Address	Line One	Mailing A	Address	Line Two				C	ity		State	Zip Code
371 Old Zoar Roa	ad						Monro	e			СТ	06468
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency Ph	none	Email A	Addre	ess			
203-268-8521												
Contact Role(s):	Administrative	Contact, Owner										
Name			Or	ganization						J	ob Title	
Deacon Board		ı										
Mailing Address		Mailing A	Address	Line Two					ity		State	Zip Code
371 Old Zoar Roa				1			Monro				СТ	06468
Business Phone	e Extension	Fax	Mobil	e Phone	Emergency Pl	none	Email A	Addre	ess ess			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

deacons@beaconhillchurch.org

203-452-9126

203-268-8521

Contact Role(s): Legal Contact

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quarrey 1.101111c	91 1119 all	u 0011	TP I	Idiioo t	onean	. —	
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0850024	BEACON HILL EVANGELICAL FREE CHURCH				NC	33	Р	GW
Local Address (v	Local Address (where applicable)			ntial	Commerci	al Industri	al Combine	ed Agricultural
371 OLD ZOAR F	ROAD	Connections			2			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Dor	artment of	Dublia	[oalth	Dr	inleir	207 JA7	ator	Sa	ction		
	Connecticut Dep	ality Monit								CHOII		
PWS ID	PWS Name	anty Mont	oring and	u Com	_					er Type	Primary	Source
CT0850054	DUCHESS OF MONROE				Cias	NC	-	25	OWI	P	GV	
	where applicable)		Service	Resident	tial	Comme		ndustria	al	Combine		cultural
134 MAIN STRE			Connections	resident	ciai	1	TCIGIT II	Taastiit	41	Combine	u 718110	Jantarai
Towns Served:												
		Monito	oring Requ	ireme	nts							
Water System	Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)									
Total Colifor	•		•					1	rou	tine (RT)	per qu	ıarter
	Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collect	ion Per		-	liance S	
Select fro	m Inventory of Active Sampli	ng Points		10/1/18 -	12/3	31/18				C	Complete	e
	•			1/1/19 -	3/31	L/19				C	complete	е
				4/1/19 -	6/30	0/19						
7/1/19 - 9/30/19												
_	meters (PPS)							1	rou	tine (RT)	per qu	ıarter
	Point (Sampling Point ID)			Monitorii	ng Pe	eriod	Collect	ion Per	riod	Comp	liance S	tatus
Select from	m Inventory of Active Sampli	ng Points	:	10/1/18 -	12/3	31/18				C	Complete	е
				1/1/19 -						C	Complete	е
				4/1/19 -								
				7/1/19 -	9/30)/19						
-	Facility: ENTRY POINT	(WSF ID: 00700)										
	Nitrite (NOX)									outine (•
	Point (Sampling Point ID)			Monitorii			Collect	ion Per	riod		liance S	
ENTRY PO	INT (3)			1/1/18 - :							complete	
				1/1/19 - :						C	Complete	9
	5 11 MAIST 1 MAIST 15	24 424 \		1/1/20 - :	12/3	1/20						
-	Facility: WELL (WSF ID	: 21481)										_
E. Coli (3014	•					. ,	6 II .			tine (RT)		
	Point (Sampling Point ID)			Monitorii			Collect	ion Per	riod		liance S	
WELL (2)				10/1/18 -							Complete	
				1/1/19 -							Complete	:
				4/1/19 - 7/1/19 -								
	Water	System Facili	ity and Sar			·	vento	rv				
Water	vvater	System racin	ity unu sai	biiiig	. 01		Total	Lead (and			
	ter System Facility	Sampling Point ID	Sampling Poil Description	nt		C Status	Total Coliform Rule	Сорр	oer	Asbesto	s WQP	Stage 2 DBPR
	RIBUTION SYSTEM	4	DISTRIBUTION	N SYSTEM		A	Υ				•	
		DOWNSTREAM				Α						
		KSHSB	KIT HAND SNI			Α	Υ			Υ		
		KSHSF	KIT HAND SNI			Α	Y			Y		
		KSHSM	KIT HAND SNI			Α	Υ			Υ		
		KSS	KIT SNK SING			Α	Υ			Υ		
		KSTS	KIT SNK TRPL			Α	Υ			Υ		
			551451/555			_						

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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UPSTREAM

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0850054	DUCHESS OF MONRO	DE				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
134 MAIN STRE	ET		Connections			1			

	Wa	ater System Facili	ity and Samplin	g Point Ir	ivento	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
00700	ENTRY POINT	3	ENTRY POINT	Α				
21481	WELL	2	WELL	Α				
56746	LIV TREATMENT PLANT							

56746 UV TREATMENT PLANT

	Contact Information											
Name		Organization	1		Job Title							
Mr. Louis Berkowit	Z	Duchess of N	Monroe									
Mailing Address Lin	e One		Mailing Addı	ess Line Two			City		Zip Code			
134 Main Street						Monroe		СТ	06468			
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	dress					
203-452-0197												

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- If a Collection Period is specified, all water quality samples must be collected during the specified period.
- Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department	of Public F	Iealth	ı Di	rinking	; Water	Sec	ction		
	Water Quality Mor	nitoring an	d Con	npl	iance S	Schedul	e			
PWS ID	PWS Name			Cla	ssification	Population	Owne	er Type Pr	imary Source	
СТ0850064	179 MAIN STREET - MONROE	179 MAIN STREET - MONROE						Р	GW	
Local Address	(where applicable)	Service	Residen	ntial	Commerci	ial Industria	al C	Combined	Agricultural	
		Connections			1					
Towns Served:	: MONROE									
	Mor	nitoring Requ	ıireme	nts	;					
Water Syster	m Facility: DISTRIBUTION SYSTEM (W	SF ID: 00600)								
Total Colifor	rm (3100)					1	routi	ine (RT) p	er quarter	
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period C	Collection Per	riod			
Select fro	om Inventory of Active Sampling Points		10/1/18	- 12/	31/18			Cor	mplete	
			1/1/19	- 3/3	1/19			Cor	mplete	
			4/1/19	- 6/3	0/19					
			7/1/19	- 9/3	0/19					
Physical Par	rameters (PPS)					1	routi	ine (RT) p	er quarter	
Sampling	g Point (Sampling Point ID)		Monitori	ing P	Period C	Collection Per	riod	Complia	ance Status	
Select fro	om Inventory of Active Sampling Points		10/1/18 -	- 12/	31/18			Cor	mplete	

Sumpling Fourt (Sumpling Fourt 10)	Widnitoring Feriod Collection Feriod	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18	Complete
	1/1/19 - 3/31/19	Complete
	4/1/19 - 6/30/19	
	7/1/19 - 9/30/19	
Water System Facility: ENTRY POINT (WSF ID: 00700)		

Water System Facility. ENTRY POINT (WSI ID. 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

water System Facility: WELL (WSF ID: 21482)			
E. Coli (3014)		1 routi	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
WELL (2)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Other Compliance Schedules							
Compliance Schedule Activity	Due Date	Achieved Date					
RESPOND TO SANITARY SURVEY	6/5/2011						
RESPOND TO SANITARY SURVEY	8/31/2016						

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certificat</u>						fication		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform M&R Violation	4/1/13 - 6/30/13	2	10/17/2013		10/27/2013			
Total Coliform M&R Violation	7/1/13 - 9/30/13	2	2/16/2014		2/26/2014			
Physical Parameters M&R Violation	4/1/13 - 6/30/13	3	9/17/2014		9/27/2014			
Physical Parameters M&R Violation	7/1/13 - 9/30/13	3	1/17/2015		1/27/2015			
Total Coliform M&R Violation	1/1/15 - 3/31/15	2	8/5/2015		8/15/2015			
Total Coliform M&R Violation	4/1/15 - 6/30/15	2	10/24/2015		11/3/2015			
Physical Parameters M&R Violation	1/1/15 - 3/31/15	3	7/5/2016		7/15/2016			

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	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID	PWS Name				Classifica	tion P	opulation	Owner Type	Primary Source	
CT0850064 179 MAIN STREET - MONROE					NC		25	Р	GW	
Local Add	ress (where applicable)		Service	Resident	ial Com	mercial	Industria	al Combine	d Agricultural	
			Connections			1				
Towns Ser	Towns Served: MONROE									
	Public Notification Requirements									
			Compliance	Notice	Pu	blic Not	tification	PN Ce	<u>rtification</u>	
Violation/	['] Situation		Period	Tier	Requ	iired	Performe	d Due to DP	H Received	
Physical P	arameters M&R Violation	4	1/1/15 - 6/30/15	3	9/23/	2016		10/3/2016	5	
	Wat	er System Fac	cility and San	npling	Point	nven	tory			
Water						Tot	al Lead	and		
	Makou Cuckous Facilitus									
System	Water System Facility		int Sampling Poir	nt		Colife			Stage	
Facility ID)	Sampling Poi ID	Description		Statu	_s Ru	le Rule		Stage s WQP 2 DBPR	
		<i>ID</i> 4	Description DISTRIBUTION	SYSTEM	Α	Ď.,	le Rule		3	
Facility ID)	<i>ID</i> 4	Description	SYSTEM	Α	_s Ru	le Rule			
Facility ID)	<i>ID</i> 4	Description DISTRIBUTION	SYSTEM	Α	_s Ru	le Rule		3	
Facility ID)	4 DOWNSTREA	Description DISTRIBUTION AM WITHIN 5 SER	SYSTEM VICE CON	A I A	s Ru Y	le Rule	Tier Asbesto		

KIT HAND SNK MIDDLE

WITHIN 5 SERVICE CON

KIT SNK SINGLE

RR GENERIC RR

RR LADY ROOM

RR MENS RR

ENTRY POINT

KIT SNK TRPL SNK

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UPSTREAM

00700 ENTRY POINT

				Contact Inf	ormation				
Name				Organization	 I			Job Title	
Mr. Charles T. Rega	ì			_					
Mailing Address Lin	e One		Mailing Address Line Two		City	State	Zip Code		
179 Main Street						Monroe		СТ	06468
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-261-8499		203-268-2	2114						
Contact Role(s): A	dministrative (Contact							
Name				Organization	l			Job Title	
Ms. Rega L. Sage				Dba Out Fro	nt Farm		Co-Owner		
Mailing Address Lin	e One		Mailing	Address Line Two			City	State	Zip Code
D/B/A Out Front Fa	rm		179 Ma	in Street		Monroe		СТ	06468
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	ldress		
203-261-8499									

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PWS ID	PWS Name					_		chedul Population		Primary Source
CT0850064	179 MAIN STREET -	179 MAIN STREET - MONROE						25	Р	GW
Local Address	ddress (where applicable)			Service	Reside	ntial Co	ommercia	al Industri	al Combine	ed Agricultura
				Connection	ns		1			
Towns Served:	MONROE				·				·	·
Name				Organization					Job Title	9
Ms. Gena R. N	ewman							Co-Owner	ſ	
Mailing Address Line One Mailing Address			Mailing Addr	ss Line Two City State			Zip Code			
Mailing Addres		D/B/A Out Front Farm 179 Main Stree					Monro	e	СТ	06468
			179 Main Str	eet						

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0850084	LAKE ZOAR DRIVE IN				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
215 ROOSEVEL	T DR	Connections			1			

Towns Served: MONROE

Monitoring	Requirements
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Water System Facility:	DISTRIBUTION SYSTEM	(WSF ID: 00600)
------------------------	---------------------	-----------------

Total Coliform (3100)	1 rout	ine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)	ine (RT) per quarter		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nater System Facility:	ENTRY POINT	(WSF ID: 00700)
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Nitrate And Nitrite (NOX)	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	5/9/2008	

Water System Facility and Sampling Point Inventory

		•	, ,			•			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		St	age
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 D)BPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		HSBACK	HAND SINK BACK	Α	Υ		Υ		
		HSFRONT	HAND SINK FRONT	Α	Υ		Υ		
		RR	RR GENERIC RR	Α	Υ		Υ		
		TRIP	TRIPLE SINK	Α	Υ		Υ		
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					
21484	WELL	2	WELL	Α					

61122 TREATMENT PLANT

Contact Information						
Name	Organization	Job Title				
Mr. Robert P. Defeo	Lake Zoar Drive-In	Manager				
Mailing Address Line One	Mailing Address Line Two	City State Zin Code				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking water Section										
	Wat	ter Quality	Monit	oring an	id Con	nplia	nce S	Schedul	le	
PWS ID P	WS Name					Classif	ication	Population	Owner Type	Primary Source
CT0850084 L	AKE ZOAR DRIV	E IN				N	С	25	Р	GW
Local Address (where applicable) Service Resid			Resider	tial Co	mmerci	al Industri	al Combin	ed Agricultural		
215 ROOSEVELT D	R			Connections	5		1			
Towns Served: MC	ONROE				·				·	
		P.O.	Box 76				Steven	son	СТ	06491
Business Phone	Extension	Fax	Mobil	e Phone E	Emergency	/ Phone	Email A	Address		
							Zoarbe	ach@gmail.	.com	

when and of Dublic Hoolth Duinling Makey Cootic

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0850094	MONROE AMOCO (G & M AUTO)				NC	25	Р	GW
Local Address (\	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
172, 176, 178 N	IAIN STREET	Connections			1			

Compliance Schedule Activity

L1 ASSESSMENT (MULTIPLE TC+)

RESPOND TO SANITARY SURVEY

RESPOND TO SANITARY SURVEY

Towns Served: MONROE			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Other Con	npliance Schedules		

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Due Date

10/12/2018

10/18/2018

10/18/2018

Achieved Date

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule Classification | Population | Owner Type | Primary Source **PWS ID PWS Name MONROE AMOCO (G & M AUTO)** CT0850094 NC 25 GW Local Address (where applicable) Service Residential Commercial Industrial Combined Agricultural Connections 172, 176, 178 MAIN STREET 1

Towns Served: MONROE

Other Compliance Schedules						
Compliance Schedule Activity	Due Date	Achieved Date				
CROSS CONNECTION SURVEY REPORT	3/1/2019					
Public Notification Poquiroments						

rubile Notification Requirements								
	Compliance	Notice	Public Notification		PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	10/13/18 -	2	12/6/2018	1/22/2019	12/16/2018	1/23/2019		
Water System Facility and Sampling Point Inventory								

		water System Facili	ity and Sampling P	oint ir	nventoi	ry	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		HS	HAND SINK	Α	Υ	Υ	
		RR	RR GENERIC RR	Α	Υ	Υ	
		SLOP	SLOP SINK	Α	Υ	Υ	
		TRIP	TRIPLE SINK	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			
21485	WELL	2	WELL	Α			

			Contact iiii	Offication				
Name		1			Job Title			
Mr. Gibriel Cuda Patriot Fuels Inc						Owner		
Mailing Address Lin	e One		Mailing Address Line Two			City	State	Zip Code
719 Poston Post Ro	ad				Milford		СТ	06460
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		·	
203-459-9643								
Contact Role(s): Le	egal Contact, Ow	/ner						
Name			Organization	1			Job Title	
Mr. Tasneem Irsha	d		Monroe Amo	oco (G & M Auto)		General Manager		
Mailing Address Lin	e One		Mailing Address Line Two			City	State	Zip Code
172 Main Street					Monroe		СТ	06468
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address			
203-395-2839								

Contact Role(s): Administrative Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Departn	nent of Public H	lealth	Drinking	<mark>Water Water Water</mark>	Section	
	Water Quality	Monitoring and	d Com	pliance S	Schedul	e	
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0850104	CRESCENT VILLAGE	RESCENT VILLAGE				Р	GW
Local Address ((where applicable)	Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
115 MAIN STRI	Connections		1				
Towns Served:	MONROE				,		
		Monitoring Requ	ıiremei	nts			

TOWNS SELVED: INDIVIDE					
Monitor	ing Requirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)				
Total Coliform (3100) 1 routine (RT) per					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Physical Parameters (PPS)		1 routine (RT) per quarter			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete		
	1/1/19 - 3/31/19		Complete		
	4/1/19 - 6/30/19				
	7/1/19 - 9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19		Complete		
	1/1/20 - 12/31/20				
D 11: 11: 15					

Public Notification Requirements								
	Compliance	Notice	Public No	<u>tification</u>	PN Certification			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Total Coliform MCL Violation	10/1/15 - 12/31/15	2	1/10/2016		1/20/2016			
Total Coliform MCL Violation	12/1/15 - 12/31/15	2	1/14/2016		1/24/2016			

	Wate	r System Facili	ty and Sampling Po	oint Ir	ventor	y	
Water System Water Syst Facility ID	em Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage WQP 2 DBPR
00600 DISTRIBUTI	ON SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		UNIT 10 F2	UNIT 10 SECOND FLOOR	Α	Υ	Υ	
		UNIT 11 F2	UNIT 11 SECOND FLOOR	Α	Υ	Υ	
		UNIT 12 F2	UNIT 12 SECOND FLOOR	Α	Υ	Υ	
		UNIT 1A F1	UNIT 1 A FIRST FLOOR	Α	Υ	Υ	
		UNIT 1B F1	UNIT 1 B FIRST FLOOR	Α	Υ	Υ	
		UNIT 2 F1	UNIT 2 FIRST FLOOR	Α	Υ	Υ	
		UNIT 3 F2	UNIT 3 SECOND FLOOR	Α	Υ	Υ	
		UNIT 4 F2	UNIT 4 SECOND FLOOR	Α	Υ	Υ	
		UNIT 4A F2	UNIT 4A SECOND FLOOR	Α	Υ	Υ	
		UNIT 5 F1	UNIT 5 FIRST FLOOR	Α	Υ	Υ	

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name				Clas	ssification	Population	Owner Type	Primary Source
CT0850104	CRESCENT VILLAGE					NC	25	Р	GW
Local Address (v	where applicable)		Service	Residen	ntial	Commercia	al Industri	al Combine	ed Agricultural
115 MAIN STREET			Connections			1			

	Water System Facility and Sampling Point Inventory									
Water					Total	Lead and				
System V	Vater System Facility	Sampling Point	Sampling Point		Coliform	Copper Stage				
Facility ID		ID	Description	Status	Rule	Rule Tier Asbestos WQP 2 DBPR				
		UNIT 6 F2	UNIT 6 SECOND FLOOR	Α	Υ	Υ				
		UNIT 7A F1	UNIT 7 A FIRST FLOOR	Α	Υ	Υ				
		UNIT 7B F2	UNIT 7B SECOND FLOOR	Α	Υ	Υ				
		UNIT 8 F1	UNIT 8 FITST FLOOR	Α	Υ	Υ				
		UNIT 9 F1	UNIT 9 FIRST FLOOR	Α	Υ	Υ				
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700 E	NTRY POINT	3	ENTRY POINT	Α						
21486 W	VELL	2	WELL	Α						

				Contact Inf	ormation				
Name		Organization	1		Job Title				
Mr. John Kalas		Tide Water (Group		Property Owner				
Mailing Address Line One Mailing Add			Address Line Two		City State			Zip Code	
115 Main Street						Monroe CT		СТ	06468
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address			
203-459-2500		203-459-9	9778		203-459-2500				

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Departmen			•			
Water Quality Mo	onitoring and	d Comp	liance	Schedule		
PWS ID PWS Name		Cla	assification	Population O	wner Type Pr	imary Source
CT0850154 AMERICAN PIE			NC	25	Р	GW
Local Address (where applicable)	Service	Residential	Commerc	ial Industrial	Combined	Agricultural
150 MAIN STREET	Connections		1			
Towns Served: MONROE						
M	onitoring Requ	irement	S			
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)					
Total Coliform (3100)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Perio	d Complic	ince Status
Select from Inventory of Active Sampling Points	1	10/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 3/	31/19		Cor	mplete
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Physical Parameters (PPS)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Perio	d Complia	ınce Status
Select from Inventory of Active Sampling Points	1	10/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 3/	31/19		Cor	mplete
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Water System Facility: ENTRY POINT (WSF ID: 00	0700)					
Nitrate (1040)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Perio	d Complic	ince Status
ENTRY POINT (3)	1	10/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 3/	31/19		Cor	mplete
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Nitrite (1041)					1 routine (R	Γ) per year
Sampling Point (Sampling Point ID)	1	Monitoring	Period (Collection Perio	d Complic	ince Status
ENTRY POINT (3)		1/1/18 - 12/	/31/18		Cor	mplete
		1/1/19 - 12/	/31/19		Cor	mplete
		1/1/20 - 12/	/31/20			
Water System Facility: WELL (WSF ID: 21491)						
E. Coli (3014)				1 re	outine (RT) p	er quarter
Sampling Point (Sampling Point ID)		Monitoring		Collection Perio	d Complia	ınce Status
WELL (2)	1	10/1/18 - 12	/31/18		Cor	mplete
		1/1/19 - 3/	31/19		Cor	mplete
		4/1/19 - 6/	30/19			
		7/1/19 - 9/	30/19			
Oth	er Compliance	Schedul	es			
Compliance Schedule Activity		Due	e Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY		1/3	/2019			
Public	Notification R	equirem	ents			
	Compliance	Notice	Public N	<u>lotification</u>	PN Certi	fication
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received
Nitrate M&R Violation	1/1/13 - 3/31/13	2	8/2/2013		8/12/2013	

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3

2/22/2020

3/9/2019

3/3/2020

3/18/2019

10/1/18 - 12/31/18

E. Coli M&R Violation

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		7		P			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0850154	AMERICAN PIE			NC	25	Р	GW
Local Address ((where applicable)	Service	Residen	tial Commer	cial Industr	ial Combin	ed Agricultural
150 MAIN STRI	EET	Connections		1			

	Water System Facility and Sampling Point Inventory													
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage ? DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ									
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		HS	HAND SINK	Α	Υ		Υ							
		SS	SINGLE SINK	Α	Υ		Υ							
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
21491	WELL	2	WELL	Α										
55125	UV TREATMENT													
	DD 50011D 5 6 5 0 0 0 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1													

55127 PRESSURE STORAGE TANKS

	Contact Information													
Name				Organization			Job Title							
Mr. Stephen Chuck	ta, Sr.													
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code					
88 Coram Road						Shelton		СТ	06484					
Business Phone	Business Phone Extension Fax M			obile Phone	Emergency Phone	Email Ad	dress							
203-261-0415														

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Water Quality Monito				_				
PWS ID	PWS Name	WS Name Clas							
CT0850204	THE SMITHY RESTAURANT				NC	25	Р		GW
Local Address	(where applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed	Agricultural
171 MAIN STR	EET	Connections			1				

171 MAIN STREET		Connections		1				
Towns Served: MONROE				,				
	Monito	oring Require	ment	S				
Water System Facility: DISTRIBUTION	ON SYSTEM (WSF I	D: 00600)						
Total Coliform (3100)						1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID))	Mor	nitoring	Period	Collect	ion Period	Compl	iance Status
Select from Inventory of Active Sam	pling Points	10/1	/18 - 12	/31/18			Co	omplete
		1/1	./19 - 3/	31/19			Co	omplete
		4/1	./19 - 6/	30/19				
		7/1	/19 - 9/	30/19				
Physical Parameters (PPS)						1 rou	tine (RT)	per quarter
Sampling Point (Sampling Point ID))	Mor	nitoring	Period	Collect	ion Period	Compl	iance Status
Select from Inventory of Active Sam	pling Points	10/1	/18 - 12	/31/18			Co	omplete
		1/1	/19 - 3/	31/19			Co	omplete
		4/1	/19 - 6/	30/19				
		7/1	/19 - 9/	30/19				
Water System Facility: ENTRY POIN	IT (WSF ID: 00700)							
Nitrate And Nitrite (NOX)						1	routine (F	RT) per year
Sampling Point (Sampling Point ID))	Mor	nitoring	Period	Collect	ion Period	Compl	iance Status
ENTRY POINT (3)		1/1,	/18 - 12/	/31/18			Co	omplete
		1/1,	/19 - 12/	/31/19			Co	omplete
		1/1,	/20 - 12/	/31/20				
	Other Co	ompliance Sc	hedul	es				
Compliance Schedule Activity			Due	Date		Achieved	Date	
CORRECTIVE ACTION/CORRECTIVE ACTION	ON PLAN		11/2	1/2018		9/14/20	18	
Wate	er System Facili	ty and Samp	ling Po	oint In	vento	ſy		
Water					Total	Lead and		
System Water System Facility	Sampling Point				Coliform	Copper		Stage
Facility ID	ID	Description		Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4	DISTRIBUTION SYS	STEM	Α	Υ			
	DOWNSTREAM	WITHIN 5 SERVICE	CON	Α				
	UPSTREAM	WITHIN 5 SERVICE	CON	Α				

	Water System Facility and Sampling Point Inventory													
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR					
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ									
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α										
		UPSTREAM	WITHIN 5 SERVICE CON	Α										
00700	ENTRY POINT	3	ENTRY POINT	Α										
21495	WELL	2	WELL	Α		·								
59138	TREATMENT PLANT													

			Co	ontact Inf	ormation				
Name				Organization	า			Job Title	
Mr. Steve Scinto				The Smithy I	Restaurant		Owner		
Mailing Address Line One Mailing Add				ess Line Two		City		State	Zip Code
171 Main Street						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ad	ddress		
203-268-4267									
Contact Role(s): A	dministrative	Contact			·				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

PWS ID	PWS Name					Classifi	cation	Population	Owner Type	Primary Source
CT0850204	THE SMITHY RESTA	URANT				N	С	25	Р	GW
Local Address (w	here applicable)			Service	Resident	ial Co	mmercia	l Industri	al Combine	ed Agricultura
171 MAIN STREE	Γ			Connections			1			
Towns Served: N	ONROE							·		·
Name			O	rganization					Job Title	е
Name										
	gra			'1 Main St				Trustees		
Mr. Frank J. Pelli				'1 Main St				Trustees City	State	Zip Code
Mr. Frank J. Pelli Mailing Address 171 Main Street			17	'1 Main St			Monroe	City	State	Zip Code 06468

CD Lite Health Detail to Marco C.

Contact Role(s): Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Dep	artmen	t of	Public H	ealth D	rinkir	ng Wa	ater S	ection	
Water Qua	ality Mo	onit	oring and	d Comp	oliance	Sche	edule		
PWS ID PWS Name								wner Type Pri	mary Source
CT0850174 MONROE FOOD MART					NC	2	.5	Р	GW
Local Address (where applicable)			Service	Residentia	I Comme	rcial In	dustrial	Combined	Agricultural
145 MAIN STREET			Connections		1				
Towns Served: MONROE									
			oring Requ	irement	ts				
Water System Facility: DISTRIBUTION S	SYSTEM (\	NSF II	D: 00600)						
Total Coliform (3100)								outine (RT) p	•
Sampling Point (Sampling Point ID)				Monitoring		Collecti	ion Perio		nce Status
Select from Inventory of Active Samplin	g Points			.0/1/18 - 12					nplete
				1/1/19 - 3/				Cor	nplete
				4/1/19 - 6/					
				7/1/19 - 9/	/30/19			(==)	
Physical Parameters (PPS)						6 11 .		outine (RT) p	•
Sampling Point (Sampling Point ID)				Monitoring		Collecti	ion Perio	-	nce Status
Select from Inventory of Active Samplin	g Points			0/1/18 - 12					nplete
				1/1/19 - 3/				Cor	nplete
				4/1/19 - 6/					
Mateur Customs Facility CALTRY DOINT	MCE ID. O	2001		7/1/19 - 9/	30/19				
Water System Facility: ENTRY POINT (WSF ID: U	(ייטיינ						4 15 /23	- \
Nitrate And Nitrite (NOX)					Douted	Callage		1 routine (R	
Sampling Point (Sampling Point ID)				Monitoring		Collecti	ion Perio		nce Status
ENTRY POINT (3)				1/1/18 - 12					nplete
				1/1/19 - 12				Cor	nplete
	5 1.11			1/1/20 - 12 •					
	Public		ification R	equirem	1				
		C	ompliance	Notice		Notifica		<u>PN Certi</u>	
Violation/Situation		7/4	Period	Tier	Require		formed		Received
Total Coliform MCL Violation			/14 - 9/30/14	2	9/18/20			9/28/2014	
Water 9	System F	acili	ty and San	npling P	oint Inv	ventor	ſy		
Water						Total	Lead an		
System Water System Facility		Point	Sampling Poir	nt	C	Coliform	Coppe		Stage
Facility ID	ID		Description		Status	Rule	Rule I I	er Asbestos I	NQP 2 DBPR
00600 DISTRIBUTION SYSTEM	4		DISTRIBUTION		A	Υ			
	DOWNSTI		WITHIN 5 SER		A			.,	
	KSHS		KIT HAND SNK		A	Y		Y	
	KSHS		KIT HAND SNK		A	Y		Y	
	KSTS	•	KIT SNK TRPL		A	Y		Y	
	RR		RR GENERIC R		A	Y		Y	
20700 5170115115	UPSTRE	AM	WITHIN 5 SER	VICE CON	Α .				
00700 ENTRY POINT	3		ENTRY POINT		Α				

Α

WELL

2

48654 WELL

55077 BLADDER TANK

	Water Quality Monit	oring and	d Con	npl	liance S	Schedul	e				
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Prin	mary Source		
CT0850174	MONROE FOOD MART		NC	25	Р		GW				
Local Address (where applicable)	Service Re		ntial Commerc		al Industri	al Combine	ed .	Agricultural		
145 MAIN STRE	ET	Connections			1						
Towns Served:	owns Served: MONROE										

Connecticut Department of Public Health Drinking Water Section

			C	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Sal Jamal				Chestnut Pe	trolium Distributor		Property O	wner	
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
536 Main Street						New Pal	tz	NY	12561
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
845-256-0162		845-255-2	2305			chestnut	:petroleum(@hvc.rr.com	
Contact Role(s): A	dministrative	Contact							
Name				Organization	1			Job Title	
Mr. Jay D Keillor				Pond View L	LC		Manager		
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
82 Hannah Lane						Monroe		СТ	06468
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): Le	egal Contact, (Owner							
Name				Organization	1			Job Title	
Pond View LLC									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 762			755 Main St	Bldg *		Monroe CT			06468
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ac	ldress		
Contact Role(s): O	wner								

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Page 20

Schedule Generation Date: 4/11/2019

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0859054	DUNKIN DONUTS				NC	25	Р	GW
Local Address (v	where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
135 MAIN STREE	ΞΤ	Connections			1			

Towns Served: MONROE

Monitoring Requirements									
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)									
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
		0 11 11 0 1 1	C !' C' !						

Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

	Wa	ter System Facili	ity and Sampling P	oint Ir	nventoi	ry		Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR										
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ													
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α														
		HS1	HAND SINK #1	Α	Υ		Υ											
		HS2	HAND SINK #2	Α	Υ		Υ											
		HS3	HAND SINK #3	Α	Υ		Υ											
		HS4	HAND SINK #4	Α	Υ		Υ											
		RRLR	RR LADY ROOM	Α	Υ		Υ											
		RRMR	RR MENS RR	Α	Υ		Υ											
		TRPLSNK	TRIPLE SINK	Α	Υ		Υ											
		UPSTREAM	WITHIN 5 SERVICE CON	Α														
00700	ENTRY POINT	3	ENTRY POINT	Α														
48861	WELL	2	WELL	Α														
55415	TREATMENT PLANT																	

	Co	ontact Informatio	on			
Name		Organization			Job Title	
Mr. Jay Keillor	Pondview, LLC					
Mailing Address Line One	Mailing Addı	ress Line Two		City		Zip Code
	02 Hannah I		Manros		CT	06460

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section											
	Wat	ter Quality	Monit	oring an	nd Con	ıplia	nce S	Schedul	le		
PWS ID	PWS Name					Classif	cation	Population	Owner Type	Primary Source	
CT0859054 DUNKIN DONUTS							С	25	Р	GW	
Local Address (where applicable) Service Resid						tial Co	mmerci	al Industri	al Combine	ed Agricultural	
135 MAIN STREE	T			Connections	ns 1						
Towns Served: M	MONROE										
		δ2 Π	annan Lane				IVIOTITO	e e	CI	00408	
Business Phon	e Extension	Fax	Mobil	e Phone	Emergency	Phone	Email A	Address			
203-452-7448					203-268-	7943					

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.

Contact Role(s): Administrative Contact, Legal Contact, Owner

3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Cla	ssification	Population	Owner Type	Primary Source
СТ0859053	THE WATERVIEW				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
215 ROOSEVEL	Γ AVENUE	Connections			1			

Towns Served: MONROE

ENTRY POINT (3)

Monitoring	Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 006	500)										
Total Coliform (3100)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Physical Parameters (PPS)		1 rout	ine (RT) per quarter								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete								
	1/1/19 - 3/31/19		Complete								
	4/1/19 - 6/30/19										
	7/1/19 - 9/30/19										
Water System Facility: ENTRY POINT (WSF ID: 00700)											
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status								

Other Compliance Schedules

1/1/18 - 12/31/18

1/1/19 - 12/31/19

1/1/20 - 12/31/20

Complete

Complete

Compliance Schedule Activity Due Date Achieved Date 3/1/2017

CROSS CONNECTION SURVEY REPORT

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
48889	WELL 1	2	WELL 1	Α							
48891	WELL 2	2	WELL 2	Α							
52078	ATMOSPHERIC STORAGE										
52080	PRESSURE STORAGE										

Contact Information										
Name		Organization			Job Title					
Mr. Simon T. Curtis						Cfo				
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code	
506 Candlewood La	ke Rd					Brookfie	ld	СТ	06804	
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ac	ldress			

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	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name							ssification	Population	Owner Type	Primary Source		
CT0859053	CT0859053 THE WATERVIEW							25	Р	GW		
Local Address (w	here applicable)			Service	Resider	itial	Commerc	ial Industri	al Combine	ed Agricultural		
215 ROOSEVELT	AVENUE			Connections			1					
Towns Served: N	//ONROE							·				
203-775-4442	203-775-4442 203-775-4623 203-770-3762 sc@westnav.com											
Contact Role(s): Administrative Contact, Legal Contact, Owner												

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Water Quality Monitoring and Compliance Schedule											
PWS ID PWS Name Classification Population Owner Type Primary Sou								mary Source				
СТ0859064	ROUTE 34 PLAZA - MONROE				NC 49 P				GW			
Local Address (Service	Resider	ntial	Commerci	al Industri	ial Combin	ed	Agricultural				
230 ROOSEVEL	T DRIVE	Connections			6							

Connecticut Department of Public Health Drinking Water Section

Towns Served: MONROE			<u> </u>					
Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100)		1 rout	ine (RT) per quarter					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)		1 routine (RT) per quarte						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date RESPOND TO SANITARY SURVEY 1/3/2019 1/10/2019

Public Notification Requirements										
	Compliance	Notice	Public Notification PN Certification							
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	11/30/2014		12/10/2014					
Total Coliform MCL Violation	12/1/14 - 12/31/14	2	3/1/2015		3/11/2015					
Total Coliform MCL Violation	1/1/15 - 1/31/15	2	3/7/2015		3/17/2015					
Total Coliform MCL Violation	2/1/15 - 2/28/15	2	4/9/2015		4/19/2015					
Total Coliform MCL Violation	3/1/15 - 3/31/15	2	6/3/2015		6/13/2015					

	Water System Facility and Sampling Point Inventory									
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR	
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	Α						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α						
		UPSTREAM	WITHIN 5 SERVICE CON	Α						
00700	ENTRY POINT	3	ENTRY POINT	Α						
54538	WELL #1	2	WELL #1	Α						
61178	ROUTE 34 PLAZA									

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	<u> </u>	0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
СТ0859064	ROUTE 34 PLAZA - MONROE			NC	49	Р	GW
Local Address (\	vhere applicable)	Service	Resident	tial Commerci	al Industri	al Combine	ed Agricultural
230 ROOSEVELT	DRIVE	Connections		6			

Contact Information										
Name				Organization	Organization			Job Title		
Mr. Emanuel Pinheiro			Fifth Realty,	Fifth Realty, LLC						
Mailing Address Lin	e One		Mailing Add	ress Line Two		City		State	Zip Code	
400 Washington Str	eet					Westwo	od	MA	02090	
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Ad	ldress			
203-993-4420			78	31-718-4971						

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS ID PWS Name				cation Po	opulation	Owner Type	Primary Source			
СТ0859074	588 MONROE TNPK - DDH ASSOCIATES, L		NC	2	25	Р	GW				
Local Address	(where applicable)	Residen	itial Con	nmercial	Industria	l Combine	ed Agricultural				

Connections

CD Literate Details Details After C

1

588 MONROE TURNPIKE Towns Served: MONROE

Compliance Schedule Activity

TOWIS Served. MONKOE								
Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)							
Total Coliform (3100) 1 routine (RT) per quarte								
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Physical Parameters (PPS)	rs (PPS) 1 routine (RT) per							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete					
	1/1/19 - 3/31/19		Complete					
	4/1/19 - 6/30/19							
	7/1/19 - 9/30/19							
Water System Facility: ENTRY POINT (WSF ID: 00700)								
Nitrate And Nitrite (NOX)		1 rc	outine (RT) per year					
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status					
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete					
	1/1/19 - 12/31/19		Complete					
	1/1/20 - 12/31/20							
Other Compliance Schedules								

RESPOND TO SANITARY SURVEY			6/28/2015	
	 _	 		

Due Date

Achieved Date

	vval	er system raciii	ty and Sampling P	OIIIL II	iveilloi	У		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBP
00501	WELL 1	2	WELL 1	Α				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		FACIAL RM	FACIAL ROOM	Α	Υ		Υ	
		HSFRONT	HAND SINK FRONT	Α	Υ		Υ	
		MASSAGE	MASSAGE ROOM	Α	Υ		Υ	
		NAILSALON	NAIL SALON	Α	Υ		Υ	
		RRBACK	RR BACK	Α	Υ		Υ	
		RRF1VIDEO	RR 1ST FL VIDEO PROD	Α	Υ		Υ	
		RRF2	RR 2ND FLOOR	Α	Υ		Υ	
		RRFRONT	RR FRONT	Α	Υ		Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
		WAX ROOM 1	WAX ROOM NO 1	Α	Υ		Υ	
		WAX ROOM 2	WAX ROOM NO 2	Α	Υ		Υ	

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID PWS Name C				Classification	Population	Owner Type	Primary Source
CT0859074 588 MONROE TNPK - DDH ASSOCIATES, LLC				NC	25	Р	GW
Local Address (where applicable)		Service	Residen	ntial Commerci	al Industri	al Combine	ed Agricultural
588 MONROE T	URNPIKE	Connections				1	

	١	Nater System Facili	ity and Samp	ling Point I	nvento	ry			
Water					Total	Lead and			_
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag	2
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBI	PR
00700	ENTRY POINT	3	ENTRY POINT	Α					

	Contact Information											
Name Organization Job Title												
Mr. Harold Steeves				Ddh Associa	Ddh Associates, LLC							
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code			
50 Roosevelt Drive						Trumbu		СТ	06611			
Business Phone	Extension	Fax	M	obile Phone	Emergency Phone	Email Ad	ldress					
203-261-3876												

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule PWS ID PWS Name Classification Population Owner Type Primary Source CT0859084 181 MAIN STREET NC 25 P GW

Connections

Commercial

1

Residential

Industrial

Combined

Agricultural

Service

Towns Sarvad: MONDOE

181 MAIN STREET

Local Address (where applicable)

Towns Served: MONROE			
Monitori	ng Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 re	outine (RT) per yea
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		
Water System Facility	and Sampling Point In	ventory	
,	, ,	•	

	١	Nater System Facili	ity and Sampling P	oint Ir	iventoi	ry	
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier Asbestos	Stage WQP 2 DBPR
00501	WELL 1	2	WELL 1	Α			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ		
		ACCOUNTANT	ACCOUNTANT OFFICE	Α	Υ	Υ	
		DENTIST	DENTIST OFFICE	Α	Υ	Υ	
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α			
		PHYS TH KIT	PHYS TH OFFICE KIT	Α	Υ	Υ	
		PHYS TH RR	PHYS TH OFFICE RR	Α	Υ	Υ	
		SMOKE SHOP	SMOKE SHOP	Α	Υ	Υ	
		UPSTREAM	WITHIN 5 SERVICE CON	Α			
00700	ENTRY POINT	3	ENTRY POINT	Α			

			Contact In	formation					
			Organizatio	n		Job Title			
Mr. Peter S. Zielinski				ures, LLC		Managing Member			
e One		Mailing A	ddress Line Two)	City	State	Zip Code		
					Trumbul	ımbull CT		06611	
Business Phone Extension Fax			Mobile Phone	Emergency Phone	Email Address				
203-260-1891 203-445-0497					peterzie	linski@sbcgl	obal.net		
	e One	e One Extension Fax	e One Mailing A Extension Fax	ki Zielinski Fut e One Mailing Address Line Two Extension Fax Mobile Phone	e One Mailing Address Line Two Extension Fax Mobile Phone Emergency Phone	Organization ki Zielinski Futures, LLC e One Mailing Address Line Two Trumbul Extension Fax Mobile Phone Emergency Phone Email Ac	Organization ki Zielinski Futures, LLC Managing N e One Mailing Address Line Two City Trumbull Extension Fax Mobile Phone Emergency Phone Email Address	Organization Job Title ki Zielinski Futures, LLC Managing Member e One Mailing Address Line Two City State Trumbull CT Extension Fax Mobile Phone Emergency Phone Email Address	

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
D	PWS Name	Classification	Population	Owner Type	Prim

PWS ID	PWS Name				Cla	ssification	Population	Owner Type	Primary Source
СТ0859084	181 MAIN STREET					NC	25	Р	GW
Local Address (v	vhere applicable)		Service	Residen	ntial	Commerci	al Industri	al Combine	ed Agricultural
181 MAIN STREE	T		Connections			1			

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monitoring and Compliance Schedule										
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source			
СТ0859094	MONROE LITTLE LEAGUE BEARDSLEY FIELDS				NC	25	L	GW			
Local Address (where applicable)	Resider	itial	Commercia	al Industri	al Combin	ed Agricultural				
67 CROSS HILL	ROAD			1							

Edeal Address (where applicable)	SCIVICC	residentia	Commercia	maastriai	Combined	Agricultural
67 CROSS HILL ROAD	Connections		1			
Towns Served: MONROE	'					
Mo	nitoring Requ	uirement	ts			
Water System Facility: DISTRIBUTION SYSTEM (W	VSF ID: 00600)					
Total Coliform (3100)				1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	= =	nce Status
Select from Inventory of Active Sampling Points		11/1/18 - 11	1/30/18			
		4/1/19 - 4/	/30/19			
		5/1/19 - 5/	/31/19			
		6/1/19 - 6/	/30/19			
		7/1/19 - 7/	/31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	/30/19			
		10/1/19 - 10	0/31/19			
Physical Parameters (PPS)				1 r	outine (RT)	per month
Sampling Point (Sampling Point ID)		Monitoring	Period Co	llection Perio	d Complic	ance Status
Select from Inventory of Active Sampling Points		11/1/18 - 11	1/30/18			
		4/1/19 - 4/	/30/19			
		5/1/19 - 5/	/31/19			
		6/1/19 - 6/	/30/19			
		7/1/19 - 7/	/31/19			
		8/1/19 - 8/	/31/19			
		9/1/19 - 9/	/30/19			
		10/1/19 - 10	0/31/19			
Water System Facility: ENTRY POINT (WSF ID: 00)	700)					
Nitrate And Nitrite (NOX)					1 routine (R	T) per year
Sampling Point (Sampling Point ID)		Monitoring	Period Co	llection Perio		ance Status
ENTRY POINT (3)		1/1/18 - 12	/31/18		Coi	mplete
		1/1/19 - 12	/31/19			
		1/1/20 - 12	/31/20			
Othe	er Compliance	Schedu	les			
Compliance Schedule Activity		Du	e Date	Achieve	d Date	
RESPOND TO SANITARY SURVEY		8/2	9/2018			
SEASONAL START UP COMPLETION		4/2	1/2019			
Public	Notification R	Requirem	nents			
	Compliance	Notice	Public No	tification	PN Cert	<u>ification</u>
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received

Compliance Notice <u>Public Notification</u> <u>PN Certification</u>									
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Distribution Color MCL Violation	4/1/13 - 6/30/13	1	9/30/2014		10/10/2014				
E. Coli	9/1/18 - 9/30/18	3	1/4/2020		1/14/2020				
Water System Facility and Sampling Point Inventory									

	•	rater by stem ration	ty and samp		• 7	
Water				Total	Lead and	
System	Water System Facility	Sampling Point	Sampling Point	Coliform	Copper	Stage
Facility ID		ID	Description	Status Rule	Rule Tier	Asbestos WQP 2 DBPR

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section											
	Water Quality Monitoring and Compliance Schedule											
PWS ID	PWS Name		Classification P		Population	Owner Type		rimary Source				
СТ0859094	MONROE LITTLE LEAGUE BEARDSLEY FIELDS				NC	25	L		GW			
Local Address (v	vhere applicable)	Residen	tial	Commercia	al Industri	al Combi	ned	Agricultural				
67 CROSS HILL R	ROAD	Connections			1							

	Water System Facility and Sampling Point Inventory										
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		UPSTREAM	WITHIN 5 SERVICE CON	Α							
00700	ENTRY POINT	3	ENTRY POINT	Α							
58261	WELL	2	WELL	Α							
		Con	tact Information								

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Ms. Denise Sentem	entes			Little League	Baseball Monroe		Board Mem	neber	
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
PO Box 339						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
			20	3-258-2522					
Contact Role(s): A	dministrative (Contact	·						
Name				Organization			Job Title		
Mr. Pat Labella				Monroe Littl	e League		President		
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
PO Box 339						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		
203-394-8311						plabella	@monroelit	tleleague.org	;
Contact Role(s): Le	gal Contact								
Name				Organization	1			Job Title	
Little League Baseb	all of Monroe	, Inc							
Mailing Address Lin	e One		Mailing Addr	ess Line Two			City	State	Zip Code
PO Box 339						Monroe		СТ	06468
Business Phone	Extension	Fax	Mo	bile Phone	Emergency Phone	Email Ad	ldress		

Contact Role(s): Owner Please note the following:

Towns Served: MONROE

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut	t Department of	Public H	lealth	Drin	ıkine	. Wa	ater S	ection	
		er Quality Monit				Č				
PWS ID	PWS Name	or quarrey from	or mg am	u dom					wner Type	Primary Source
CT085910	4 241 ROOSEVELT D	RIVE			N		2		Р	GW
Local Addr	ress (where applicable)		Service	Resident	tial Co	mmerci	al In	dustrial	Combine	ed Agricultura
			Connections						1	
Towns Ser	ved: MONROE								'	<u>'</u>
		Monito	oring Requ	iireme	nts					
Water Sy	stem Facility: DISTRIB	SUTION SYSTEM (WSF I	D: 00600)							
Total Col	liform (3100)							1 rc	outine (RT) per quarter
Samp	oling Point (Sampling Poi	nt ID)		Monitorii	ng Perio	od C	ollecti	on Perio	d Com	oliance Status
Selec	ct from Inventory of Active	e Sampling Points		10/1/18 -	12/31/	18			(Complete
				1/1/19 -	3/31/1	9				
				4/1/19 -	6/30/1	9				
				7/1/19 -	9/30/1	9				
Physical	Parameters (PPS)							1 r	outine (RT) per quarter
Sampling Point (Sampling Point ID)							ollecti	on Perio	d Com	oliance Status
Selec	t from Inventory of Active	Sampling Points		10/1/18 -					(Complete
				1/1/19 -						
				4/1/19 -						
				7/1/19 -	9/30/1	9				
Water Sy	stem Facility: ENTRY I	POINT (WSF ID: 00700)								
	And Nitrite (NOX)								1 routine	(RT) per year
Samp	oling Point (Sampling Poi	nt ID)		Monitorii	ng Perio	od C	ollecti	on Perio	d Com	oliance Status
ENTR	RY POINT (3)			1/1/18 - :					(Complete
				1/1/19 - :						
				1/1/20 - :	12/31/2	20				
	V	Vater System Facili	ity and Sar	npling	Point	t Inve	ntor	У		
Water						To	otal	Lead an	nd	
System	Water System Facility	Sampling Point		nt			form	Coppe		Stage
Facility ID		ID	Description		Sta	tus	ule	Rule Ti	er Asbesto	s WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION							
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER		I A	١				
00700	ENTRY POINT	3	ENTRY POINT		P	4				
58501	WELL 2	2	WELL 2		P	١				
58505	PRESSURE TANK									
		Con	tact Inform	mation						
Name		0	rganization						Job Title	<u> </u>
Mr. Jon H	endel	H	endel's Inc.				Pres	sident		
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				Cit	ty	State	Zip Code
						1				

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Mobile Phone

Waterford

Emergency Phone Email Address

860-437-4648

СТ

jhendel@terramaxdevelopment.com

06385

35 Great Neck Road

Business Phone

860-437-4648

Extension

121

Contact Role(s): Administrative Contact, Legal Contact

Fax

860-443-1736

	Connecticut Department of Public Health	Drinking	g Water	Section		
Water Quality Monitoring and Compliance Schedule						
	DIA/C AL	Cl :t: 1:	D 1.11	o =	ъ.	

PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0859104	241 ROOSEVELT DRIVE				NC	25	Р	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural	
			Connections				1	

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0859114	500 PURDY HILL ROAD			NC	35	L	GW
Local Address (where applicable)		Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
		Connections				1	

Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate (1040)		1 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Nitrite (1041)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/20 - 12/31/20		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19	1/1-3/31	Complete
Public Notif	ication Paguirements		

Public Notification Requirements										
	Compliance	Notice	Public Notification		PN Certification					
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
Physical Parameters M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018					
Total Coliform M&R Violation	7/1/16 - 9/30/16	3	2/8/2018		2/18/2018					
Physical Parameters M&R Violation	10/1/16 - 12/31/16	3	5/3/2018		5/13/2018					
Total Coliform M&R Violation	10/1/16 - 12/31/16	3	5/3/2018		5/13/2018					
Physical Parameters M&R Violation	1/1/17 - 3/31/17	3	6/8/2018		6/18/2018					
Total Coliform M&R Violation	1/1/17 - 3/31/17	3	6/8/2018		6/18/2018					

	Water System Facility and Sampling Point Inventory											
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos		Stage 2 DBPR			
00600	DISTRIBUTION SYSTEM	4 BLD1CMSF2RR	DISTRIBUTION SYSTEM BUILD1 CMS 2ND FL RR	A A	Y Y		Υ					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Water Quality Monitoring and Compliance Schedule	Connecticut Department of Public Health Drinking Water Section	l
	Water Quality Monitoring and Compliance Schedule	

		0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0859114	500 PURDY HILL ROAD			NC	35	L	GW
Local Address (where applicable)		Service	Resider	ntial Commerc	ial Industri	al Combine	ed Agricultural
		Connections				1	

\	Water System Facility and Sampling Point Inventory										
Water System Water System Facility Facility ID	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Stage Rule Tier Asbestos WQP 2 DBPR						
	BLD1DENLBSK	BUILD 1 DENT LAB SNK	Α	Υ	Υ						
	BLD1DENRR1	BUILD 1 DENT RR1	Α	Υ	Υ						
	BLD1DENRR2	BUILD 1 DENT RR2	Α	Υ	Υ						
	BLD1DENRR3	BUILD 1 DENT RR3	Α	Υ	Υ						
	BLD1F3STORR	BUILD1 3RD FL STO RR	Α	Υ	Υ						
	BLD1INSRR1	BUILD 1 INS RR1	Α	Υ	Υ						
	BLD1INSRR2	BUILD 1 INS RR2	Α	Υ	Υ						
	BLD2CHRORR1	BUILD2 CHIRO RR1	Α	Υ	Υ						
	BLD2CHRORR2	BUILD2 CHIRO RR2	Α	Υ	Υ						
	BLD2ENGRR1	BUILD2 ENGINEERG RR1	Α	Υ	Υ						
	BLD2ENGRR2	BUILD2 ENGINEERG RR2	Α	Υ	Υ						
	DOWNSTREAM	WITHIN 5 SERVICE CON	Α								
	UPSTREAM	WITHIN 5 SERVICE CON	Α								
00700 ENTRY POINT	3	ENTRY POINT	Α								
60098 WELL 1	2	WELL 1	Α								
60412 TREATMENT PLANT											

		Co	ntact Inf	ormation			
			Organization	1		Job Title	
e One		Mailing Addr	ess Line Two		City	State	Zip Code
					Monroe	СТ	06468
Extension	Fax	Мо	bile Phone	Emergency Phone	Email Address		
					markchristo56@gm	nail.com	
			e One Mailing Addr	e One Mailing Address Line Two	Extension Fax Mobile Phone Emergency Phone	e One Mailing Address Line Two City Monroe Extension Fax Mobile Phone Emergency Phone Email Address	e One Mailing Address Line Two City State Monroe CT

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health	Drinking	g Water	Section	
	Water Quality Monitoring and Con	npliance S	Schedul	e	
D	PWS Name	Classification	Population	Owner Type	Primar

PWS ID	PWS Name			Classificati	on P	opulation	Owner Type	Primary Source
CT0859134	GREAT HOLLOW LAKE			NC		35	L	GW
Local Address (where applicable)	Service	Residen	ntial Comm	ercial	Industri	al Combine	ed Agricultural
454 PURDY HIL	_	Connections					4	

Monitoring Requirements										
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)									
Total Coliform (3100)		1 rou	tine (RT) per month							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19									
	5/1/19 - 5/31/19									
	6/1/19 - 6/30/19									
	7/1/19 - 7/31/19									
	8/1/19 - 8/31/19									
	9/1/19 - 9/30/19									
	10/1/19 - 10/31/19									
Physical Parameters (PPS)		1 rou	tine (RT) per montl							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
Select from Inventory of Active Sampling Points	4/1/19 - 4/30/19									
	5/1/19 - 5/31/19									
	6/1/19 - 6/30/19									
	7/1/19 - 7/31/19									
	8/1/19 - 8/31/19									
	9/1/19 - 9/30/19									
	10/1/19 - 10/31/19	10/1-10/30								
Water System Facility: ENTRY POINT (WSF ID: 00700)										
Nitrate And Nitrite (NOX)		1 r	outine (RT) per yea							
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status							
ENTRY POINT (3)	1/1/19 - 12/31/19									
	1/1/20 - 12/31/20									
Other Con	npliance Schedules									

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
RESPOND TO SANITARY SURVEY	3/6/2019	3/4/2019						
SEASONAL START UP COMPLETION	4/15/2019							
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/4/2019							
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/4/2019							
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	6/4/2019							

	W	ater System Facili	ty and Sampling P	oint Ir	nvento	ſy		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
61004	WELL 1	2	WELL 1	Α				

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Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

					1			
PWS ID	PWS Name				Classification	Population	Owner Type	Primary Source
CT0859134	GREAT HOLLOW LAKE				NC	35	L	GW
Local Address (v	vhere applicable)		Service	Resider	ntial Commerci	al Industri	al Combine	ed Agricultural
454 PURDY HILL			Connections				4	

147-4--

vvater				101	ai Leaa ana	
System	Water System Facility	Sampling Point	Sampling Point	Colife	orm Copper	Stage
Facility ID		ID	Description	Status Ru	le Rule Tier	Asbestos WQP 2 DBPR

61189 ATMOSPHERIC STORAGE TANK

			Co	ontact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Kenneth M Kellogg				Town of Monroe			First Selectman		
Mailing Address Line One Mailing Ad		Mailing Addr	Address Line Two			City	State	Zip Code	
			7 Fan Hill Rd		Monroe			СТ	06468
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	ency Phone Email Address			
203-209-4815						kkellogg	@monroect	.org	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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End of schedule